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DECLARA:	TION	I FOR UTILITY OR	Attorney Docket Number	PU040064 Michael Anthony Pugel		
	DE	SIGN	First Named Inventor	et al.		
PATENT APPLICATION			COMPLETE IF KNOWN			
(	(37 CFR 1.63)		Application Number	1		
☐Declaration Submitted	OR	☑Declaration Submitted after Initial	Filing Date			
With Initial		Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit			
Filing		required)	Examiner Name			

As a below named inventor, i hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
APPARATUS AND METHOD FOR CONTROLLING SIGNAL DISTRIBUTION USING A BACK CHANNEL											
the specification of which	the specification of which (Title of the Invention)										
☐ is attached hereto						,					
OR											
was filed on (MM/DD/	<b>YYYY</b> )	March 9, 200	4 as United States	Application	on Number or	PCT Internat	ional				
Application Number P	CT/US2	004/007270 and	was amended on (MM/DE	) (YYYY)	October	27, 2004	(if applicable).				
I hereby state that I have review specifically referred to above.	wed and	understand the conte	nts of the above identified	specifica	ition, including	the claims a	s amended				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
I hereby claim foreign priority or 365(a) of any PCT internati and have also identified below application having a filing date	onal app	olication which designated in the control of the co	ited at least one country or eign application for paten	other thar t or inver	i the United 2	states of Ame	nca, listed delow				
Prior Foreign Application			Foreign Filing Date		Priority	Certified C	opy Attached?				
Number(s)		Country	(MM/DD/YYYY) Count	ny No	t Claimed	YES	NO				
			•	-							
				<i>'</i>							
☐ Additional foreign application	on numb	ers are listed on a sup	plemental priority data sh	eet PTO/	SB/02B attac	hed hereto:					
I hereby claim the benefit unde						•					
ApplicationNumber(s			MM/DD/YYYY)								
60/453,491 60/453,763		03/11/2003 03/11/2003			numbers a a supplem	provisional re listed on ental priority 2B attached	data sheet				

[Page 1 of 4]

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# **DECLARATION** — Utility or Design Patent Application

Direct all corresp	ondence to:		r Number ode Label		24498	OR	□ ∞	rrespondance address below		
Name JOSEPH S. TRIPOLI										
Address	Thomson Licensing Inc.									
Address PO Box 5312										
City State ZIP										
PRINCETON										
Country		Tele	phone			Ī		Fax		
USA		609-7	<b>734-6813</b>		<u> </u>		609-7	34-6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor										
Given Name MICHAEL ANTHONY Family Name PUGEL or Surname										
Inventor's Signature Market Republication Date 11/8/05										
Residence: City	,	tate U		Country		Ci	itizenship			
NOBLESVILLE		IN	IDIANA		us		U:	S		
Mailing Addres	s									
Mailing Addres	s 20925 Cre	ek Roa	d							
City	Stat	.e		ZIP	IP Country					
Noblesville	Indi	ana		460	60	us	·			
	OND INVENTOR:			[	A petition has be	en filed fo	r this	unsigned inventor		
Given Name D	OUGLAS EDWARD				Family Name LAI or Surname	NKFORD				
Inventor's Signature	Daus	162	list		Date No√ 8	3 Luc	5			
Residence: City	,	•	State		Country			Citizenship		
CARMEL			INDIANA		us			US		
Mailing Addres	s				·					
Mailing Addres	s 5256 Cheyer	ne Mod	on			_				
City	Stat	8			ZIP Count			ountry		
Carmel	City									
			the 2 american	ontol	Additional Inventor(s)	sheet(s) PI	ro/sr/	02A attached hereto		



PTO/SB/02A (08-03)
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# **DECLARATION**

#### ADDITIONAL INVENTOR(S)

Supplemental Sheet

Name of Additional Inventor, if	any		☐ A petition has been filed for this unsigned inventor				
Given Name (first and m	iddle [if any])		Family Name or Surname				
JOHN JOSEPH		CL	CURTIS,				
Inventor's Signature	Central				Date 11/16/05		
Residence: City NOBLESVILLE	State INDIANA	Cour	us us		Citizenship US		
Mailing Address							
Mailing Address 121 Scarboroug	h Circle			·			
City Noblesville	State Indiana	ZIP	ZIP 46069 Country US				
Name of Additional Inventor, it	any		A petition has been fi	iled for	this unsigned inventor		
Given Name (first and m	niddle [if any])		Family Name or Surname				
KEITH REYNOLDS		w	EHMEYER				
Inventor's Seath Reg	aldo Wek		Date 11/11/05				
Residence: City FISHERS	State INDIANA	يلو) ١	ntry US		Citizenship US		
Mailing Address					· · · · · · · · · · · · · · · · · · ·		
Mailing Address 6411 Columbia	Circle		·				
City Fishers	<u>State</u> Indiana	<u>Zip</u>	46038	Co	ountry US		
Name of Additional Inventor, i	f any	l	☐ A petition has been filed for this unsigned inventor				
Given Name (first and n	niddle [if any])			Family	y Name or Surname		
MIKE ARTHUR		D	ERRENBERGER				
Inventor's Signature					Date		
Residence: City Valencia	State Californ	nia <u>Cor</u>	<sub>intry</sub> US		<u>Citizenship</u> US		
Mailing Address							
Mailing Address 24123 Backbay	/ Court						
City Valencia	State Californ	nia	<u>Zip</u> 91355	T	Country US		

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiallity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



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**DECLARATION** 

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 4 of 4

					_		
Name of Addition	onal Inventor, if an	ly	☐ A petition has been filed for this unsigned inventor				
Give	en Name (first and middle	e [if any])		Fe	mily	Name or Surname	
TERRY WAYNE			LOCKRIDGE				
Inventor's Signature		, , , , , , , , , , , , , , , , , , , ,				Date	
Residence: City	DAYTON	State OHIO	Country US Citizenship US				
Mailing Address							
Mailing Address	5478 Grantland Driv	ve					
City Dayton		State Ohio	ZIP 45429 Country US			untry US	
Name of Additional Inventor, if any				A petition has been file	d for	this unsigned inventor	
Give	le [if any])	Family Name or Sumame					
ANDREW ERIC		BOWYER					
Inventor's Signature	2 /50m	pate NOV 8			Date NOV 8, 2005		
Residence. City	INDIANAPOLIS	State INDIANA	Cou	<sub>ntry</sub> US		Citizenship US	
Mailing Address							
Mailing Address	8767 Shelbyville Re	oad					
City	Indianapolis	State Indiana	<u>Zip</u>	46259	Co	untry US	
Name of Addition	onal Inventor, if a	ny	☐ A petition has been filed for this unsigned inventor				
Giv	en Name (first and midd	le [if any])	Family Name or Surname				
Inventor's Signature						Date	
Residence: City		<u>State</u>	Cou	ntry		Citizenship	
Mailing Address							
Mailing Address							
City		State		<u>Zip</u>	0	Country	

required)

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			Attorney Docket Number	PU040064			
DECLARA		I FOR UTILITY OR SIGN	First Named Inventor	Michael Anthony Pugel et al.			
•		APPLICATION (CO.)	COMPLETE IF KNOWN				
(37 CFR 1.63)		Application Number	1				
☐Declaration Submitted	OR	☑Declaration Submitted after Initial	Filing Date				
With Initial Filing		Filing (surcharge (37 CFR 1.16 (e))	Group Art Unit				
rung		(5) 5) 1( 1.15 (5))		· · · · · · · · · · · · · · · · · · ·			

**Examiner Name** 

			<del></del>	<del> </del>							
As a below named inve	As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
APPARATUS AND METHOD FOR CONTROLLING SIGNAL DISTRIBUTION USING A BACK CHANNEL											
the specification of which (Title of the Invention)											
is attached hereto											
OR											
was filed on (MM/DD/	<b>Y</b> YYY)	March 9, 200	as United States A	pplication Number or	PCT Internationa	al					
Application Number P	CT/US2	004/007270 and	was amended on (MM/DD/	YYYY) October	27, 2004 (i	f applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.											
acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
or 365(a) of any PCT internati and have also identified below	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application			Foreign Filing Date	Priority	Certified Copy	y Attached?					
Number(s)		Country	.(MM/DD/YYYY) Country	Not Claimed	YES	· NO					
			,								
		•									
☐ Additional foreign application	on numi	pers are listed on a sup	plemental priority data she	et PTO/SB/02B attac	hed hereto:						
I hereby claim the benefit under						·					
ApplicationNumber(s			MM/DD/YYYY)								
60/453,491	-	03/11/2003		☐ Additional	provisional app	lication					
60/453,763		03/11/2003		numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
			4								

[Page 1 of 4]

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					_							
Direct all corresp	Direct all correspondence to:											
Name	Name JOSEPH S. TRIPOLI											
Address	Thomson	Licen	sing Inc.		_							
Address PO Box 5312												
City							State	ZIP				
PRINCETON							NJ		08543	-5312		
Country			ļ	Telept	none			]		Fax		
USA				609-734				l		34-6888		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
NAME OF SOLE OR FIRST INVENTOR:   A petition has been filed for this unsigned inventor												
Given Name MICHAEL ANTHONY Family Name PUGEL or Surname												
Inventor's Signature								Da	ite			
Residence: City State						-   (	Country		Ci	Citizenship		
NOBLESVILLE				IND	IANA		JS		US	S		
Mailing Addres	s							•				
Mailing Addres		20925	5 Creel	k Road								
City		T	State			ZIP	P Country					
Noblesville			Indiar	na		460	60	บร				
NAME OF SEC	OND INV	/ENT										
							A petition has be	en filed fo	or this u	unsigned inventor		
Given Name D	OUGLAS	EDW	'ARD				Family Name LANKFORD or Sumame					
Inventor's Signature				***************************************			Date		· · · · · · · · · · · · · · · · · · ·			
Residence: City	<b>y</b> .				State		Country	-		Citizenship		
CARMEL					INDIANA		us			US		
Mailing Addres												
Mailing Addres		56 Ch	eyenn	e Moon	1							
City			State				ZIP			Country		
Carmel	٠		Indian	a			46033		US	-		
	inventore	are he			he 2 sunnlem	ental		sheet(s) P	TO/SB/0	02A attached hereto.		

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#### ADDITIONAL INVENTOR(S)

## **DECLARATION**

#### Supplemental Sheet

Page 3 of

			A polition has been filed for this unsigned inventor						
Name of Additiona	I Inventor, if ar	ıy	<u>,                                    </u>	A petition has been filed for this unsigned inventor					
Given N	lame (first and midd	le [if any])		Family Name or Sumame					
JOHN JOSEPH				CURTIS					
Inventor's Signature						Date			
Residence: City	NOBLESVILLE	State INDIANA	<u>c</u>	country US		Citizenship US			
Mailing Address									
Mailing Address	121 Scarborough C	Circle							
City Noblesville		ountry US							
Name of Additiona	ny		☐ A petition has bee	n filed fo	r this unsigned inventor				
Given	Name (first and midd	lie [if any])		Family Name or Sumame					
KEITH REYNOLDS				WEHMEYER					
Inventor's Signature		· · · · · · · · · · · · · · · · · · ·				Date			
Residence: City	FISHERS	State INDIANA	2	Country US		Citizenship US			
Mailing Address						·			
Mailing Address	6411 Columbia Cir	cle							
City	Fishers	State Indiana	Z	<u>Zip</u> 46038	С	ountry US			
Name of Addition	al Inventor, if a	ny		A petition has	been file	d for this unsigned inventor			
Given	Name (first and mide	dle [if any])			Fam	ily Name or Surname			
MIKE ARTHUR		$\overline{}$		DERRENBERGER					
Inventor's Signature	arthu (	Sevenly				Date 11/08/Q5			
Residence: City	Valencia	State Californ	ia	Country US		<u>Citizenship</u> US			
Mailing Address			····						
Mailing Address	24123 Backbay Co	ourt							
City	Valencia	State Californ	ia	Zip 9135	5	Country US			

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#### **ADDITIONAL INVENTOR(S)**

### **DECLARATION**

#### Supplemental Sheet

Page 4 of

Name of Additional Inventor, if any		A petition has been filed for this unsigned inventor					
	fand)						
Given Name (first and middle [if	ranyj)	Family Name or Sumame					
TERRY WAYNE		LO	CKRIDGE				
Inventor's Signature					Date		
Residence: City DAYTON St	ate OHIO	Cour	ntry US	Citizenship US			
Mailing Address							
Mailing Address 5478 Grantland Drive							
City Dayton St	tate Ohio	ZIP	45429	y US			
Name of Additional Inventor, if any			A petition has been filed	for this	unsigned inventor		
Given Name (first and middle [i	if any])	Family Name or Surname					
ANDREW ERIC		BOWYER					
Inventor's Signature					Date		
Residence: City INDIANAPOLIS SI	tate INDIANA	Cou	ntry US		Citizenship US		
Mailing Address							
Mailing Address 8767 Shelbyville Road	1 .						
City Indianapolis Sta	ate Indiana	Zip	46259	Countr	ry us		
Name of Additional Inventor, if any		☐ A petition has been filed for this unsigned inventor					
Given Name (first and middle (	[if any])		F	amily Na	ame or Sumame		
Inventor's Signature				Di	ate		
Residence: City	State	Cou	intry	Ci	itizenship		
Mailing Address							
Mailing Address							
City	State		Zip Country				

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			Attorney Docket Number	PU040064			
DECLARA		I FOR UTILITY OR SIGN	First Named Inventor Michael Anthony Puge et al.				
PATENT APPLICATION			COMPLETE IF KNOWN				
(	(37 CFR 1.63)		Application Number	1			
☐Declaration Submitted	OR	☑Declaration Submitted after Initial	Filing Date				
With Initial		Filing (surcharge	Group Art Unit				
Filing		(37 CFR 1.16 (e)) required)	Examiner Name				

As a below named inve	ntor, i	hereby declare tha	<b>t:</b>			·				
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
APPARATUS AND METHOD FOR CONTROLLING SIGNAL DISTRIBUTION USING A BACK CHANNEL										
the specification of which	the specification of which (Title of the Invention)									
is attached hereto							i			
OR		· · · · · · · · · · · · · · · · · · ·								
was filed on (MM/DD/	YYYY)	March 9, 200	as United States	Application	on Number or	PCT Internat	ional			
Application Number PC	CT/US2	004/007270 and	was amended on (MM/DE	)/YYYY)	October	27, 2004	(if applicable).			
I hereby state that I have review specifically referred to above.	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.									
I acknowledge the duty to disclapplications, material information international filing date of the control of t	on whic	h became available bet	tween the filing date of the	ned in 37 e prior ap	CFR 1.56, inc plication and	cluding for con the national o	ntinuation-in-part r PCT			
I hereby claim foreign priority to 365(a) of any PCT internation and have also identified below application having a filing date	onal ap	plication which designatecking the box. any for	ted at least one country of eign application for paten	other thar t or inver	n the United S	states of Ame	nca, listed below			
Prior Foreign Application			Foreign Filing Date		Priority	Certified C	opy Attached?			
Number(s)		Country	(MM/DD/YYYY) Count	y No	t Claimed	YES	NO			
					0		0			
☐ Additional foreign application	on numb	pers are listed on a sup	plemental priority data sh	eet PTO/	SB/02B attac	hed hereto:				
I hereby claim the benefit under	er 35 U.	S.C. 119(e) of any Unit	ed States provisional app	lication(s	) listed below	·				
ApplicationNumber(s			MM/DD/YYYY)		•					
60/453,491		03/11/2003				provisional				
60/453,763		03/11/2003				re listed on ental priority				
					PTO/SB/02	2B attached	hereto.			

[Page 1 of 4]

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# **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:   Customer Number or Bar Code Lab					24498 OR [		Correspondance address below		
Name	JOSEPH S. TRIPOLI								
Address	Thomson Licensing Inc.								
Address	Address PO Box 5312								
City					State		ZIP	ZIP	
PRINCETON					NJ		08543-5312		
Country		т   т	elephone				Fax		
USA		609-734-6813						609-734-6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR:   A petition has been filed for this unsigned inventor									
Given Name MICHAEL ANTHONY				Family Name PUGEL or Surname					
Inventor's Signature						Date			
Residence: City State				Country			tizenship		
NOBLESVILLE INDIANA					us us				
Mailing Address	<u> </u>			_				· ·	
Mailing Address	2092	5 Creek	Road			· · · · · · ·			
City	State Z			IP Country					
Noblesville	Indiana 4			6060 US			·		
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor									
Given Name DOUGLAS EDWARD				Family Name LANKFORD or Surname					
Inventor's Signature				Date					
Residence: City			State		Country			Citizenship	
CARMEL INDIANA			us			us			
Mailing Address									
Mailing Address 5256 Cheyenne Moon									
City	State			ZIP			Country		
Carmel	Indiana			46033			US		
Additional Inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

PTO/SB/02A (08-03)
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# **DECLARATION**

#### ADDITIONAL INVENTOR(S)

#### **Supplemental Sheet**

Page 3 of

Name of Additional Inventor, if a		A petition has been filed for this unsigned inventor						
Given Name (first and mide		Family Name or Surname						
JOHN JOSEPH		cu	CURTIS					
Inventor's Signature					Date			
Residence: City NOBLESVILLE	State INDIANA	Coun	Country US		Citizenship US			
Mailing Address								
Mailing Address 121 Scarborough Circle								
City Noblesville	State Indiana	ZIP	<u>ZIP</u> 46060 Cou		untry US			
Name of Additional Inventor, if a	7	A petition has been filed for this unsigned inventor						
Given Name (first and mid		Family Name or Sumame						
KEITH REYNOLDS	w	WEHMEYER						
Inventor's Signature				Date				
Residence: City FISHERS	esidence: City FISHERS <u>State</u> INDIANA <u>Country</u> US							
Mailing Address								
Mailing Address 6411 Columbia C	ircle							
City Fishers	State Indiana	Zip	Zip 46038 Country US					
Name of Additional Inventor, if	·	☐ A petition has been filed for this unsigned inventor						
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#### ADDITIONAL INVENTOR(S)

### **DECLARATION**

#### **Supplemental Sheet**

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Mailing Address							
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City	State		Zip C		Country		